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YOU MUST COMPLETE THE

DECLARATION AND POWER OF FOR PATENT AND DESIGN APPLICATIONS

ATTORNEY DOCKET NO.

1209-121P

Date of Filing (Month/Day/Year)

Insert Tide	As a below named inventor, I hereby declare that: my residence post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or a joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: * Ultrasensitive immunoassays				
Check Box If Appropriate — For Use Without Specification Attached	the specification of which is attached hereto unless one of the following boxes is checked: The Specification was filed on and was assigned Serial No and was amended on				

June 14, 1996 and was amended under PCT Article 19 on

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

_ and was amended under PCT Article 19 on

I acknowledge the duty to disclose information material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof, or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows:

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below:

Prior Foreign Application(s)			Priority	Claimed
9502196-0	Sweden -	06.16.1995	\	-
(Number)	(Country)	(Month/Day/Year Filed)	≥ Yes	No .
(Number)	: (Country)	(Month/ Day/ Year Filed)	☐ Yes	□ No
(Number)	(Country)	(Month! Day/Year Filed)	□ Yes	□ No
(Number)	(Country)	(Month/Day/Year Filed)	☐ Yes	□ No
(Number)	(Country)	(Month/Day/Year Filed)	☐ Yes	□ No
All Foreign Applications, i	f any, for any Patent	or Inventor's Certificate File	d More T	han 12

Months (6 Months for Designs) Prior To The Filing Date of This Application:

Application No.

								
	I hereby claim the benefit	under Title 35	, United	States Co	ode, §12	20. of any	United S	tates
appi	ication(s) listed below and,	insolar as the si	ibject mat	ter of eac	h of the c	claims of th	nis applica	ation
is no	t disclosed in the prior Unit	ted States applic	cation in t	he manne	r provid	ed by the f	irst parag	raph

of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status — patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status - patented, pending, abandoned)

(if appropriate)

Country

(if applicable).

I hereby application the following attorneys to prosecute application and/or an international application base, this application and to transact all the ness in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:



RAYMOND C. STEWART (Reg. No. 21.066) JOSEPH A. KOLASCH (Reg. No. 22.463) JAMES M. SLATTERY (Reg. No. 28.380) DONALD C. KOLASCH (Reg. No. 23.038) CHARLES GORENSTEIN (Reg. No. 29.271) LEONARD R. SVENSSON (Reg. No. 30,330) TERRELL C. BIRCH (Reg. No. 19.382)
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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E-Full Name of First or Sole	GIVEN NAME	FAMILY NAME	INVENTOR'S SKAN TURE		DATE
Insert Name of Inventor Insert Date This	Ulf	LANDEGREN	Im Jan	rdeg	Dec 5.1292
Document Is Signed Insert Residence Insert Citizenship	RESIDENCE (City, Sta	te & Country)		CITIZENSHIP	
	Uppsala, S	weden	SEX	Swedish	
insert Post Office	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)				
Address ==	Eksoppsvägen 16, S-756 46 Uppsala, Sweden				
Full Name of Second	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE
see above					
.i	RESIDENCE (City, Sta	te & Country)		CITIZENSHIP	
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	POST OFFICE ADDR	RESS (Complete Street Address includ	ing City, State & Country)		
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Name of Third Inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE
see above					
	RESIDENCE (City, Sta	te & Country)		CITIZENSHIP	
	POST OFFICE ADDE	RESS (Complete Street Address includ	ing City, State & Country		
Full Name of Fourth Inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		'DATE
see above				•	
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	POST OFFICE ADDE	RESS (Complete Street Address includ	ing City, State & Country		
Full Name of Fifth Inventor, If any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE
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*Note: Must be completed — date this document is					i
signed.	POST OFFICE ADDR	RESS (Complete Street Address includ	ing City State & Country		
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(Revised 3-93)					